

General Information

Review these Instructions, and the Application, prior to beginning entries on the Application. Your choices to certain questions determine what fields become available to you to complete as you move through the Application. Sponsors applying for TAP only, for example, are required to complete only those sections that apply to the TAP program, so they will only see, and be required to fill out, those portions of the Application that apply to the TAP program. A copy of the entire Application, with all fields shown, is provided for your convenience.

Information contained in the Application is used to:

- Determine funding eligibility;
- Compare the merit of the project against other projects competing for funds; and
- Document the scope of the project.

Application Information Requirements

If you are attending a Pre-Application Review Session, completion of the Pre-Application Review Worksheet helps organize what you will need to finalize your Application. Information necessary to complete the Application includes:

- The 2016 TAP/CMAQ Program Guidebook and associated Application Instructions
- Sponsor Information - Full legal entity name, address, phone number, E-mail address, names and titles of contact person(s)
- NYS Grants Gateway ID and SFS Vendor ID, as applicable
- TAP/CMAQ Federal Aid Workshop attendance dates
- Detailed Project Description information, including: Project, county, facility, project limits, project description, project eligible activity categories (and any applicable sub-categories) for which funding is being applied, and current project status
- Specific and detailed Project Budget and Funding Source information
- ROW documentation, including the NYSDOT Highway Work Permit if within a State Highway ROW
- Project deliverables supporting documentation, including a project map as applicable
- Data necessary to determine emissions reductions (CMAQ only)
- Expected Benefits to the Public Interest
- Information on any Innovative/Creative Aspects of the Project
- Documentation of Community Support (TAP only)
- Status of Environmental Process

Completing the Application

The Application is a Fillable PDF form. To complete the Application, download and save a copy to your computer. Web browsers such as Apple Safari, Google Chrome, and Mozilla may have their own non-Adobe PDF readers set as the default reader. To use one of these browsers, change the default PDF viewer setting to Adobe Reader. If Internet Explorer is used as the browser, no action is needed. All users must have Adobe Acrobat Standard or Pro; and Adobe Reader, version 9 or higher to work in the form. To maximize the functionality of the form, Adobe Reader 11 or 11 Pro is recommended. Users may need to enable the form in Adobe Reader. To do so:

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1. Open the form using Adobe Reader
2. From the tool bar, Select “File” > “Save as Other”> “Reader Extended PDF” > “Enable More Tools”

If these options are not available to you in your Adobe Reader, then the version you are using may not support the completion of the form. Please update your Adobe Reader.

To enter large amounts of text into the Application, consider using a word processing program to type the entry, and then cut and paste the entry into the form. Be sure to save any word processed documents for your reference. To facilitate the submission of the Application, and the required attachments, zip any large files prior to attaching them as the limit on overall file size is approximately 20 MB.

To navigate through the form, use the “Tab” function to ensure questions will be answered in the correct order. Responses to questions determine subsequent fields you will see and be required to complete. Required fields are designated by a preceding asterisk (*).

Although more than one project may be submitted for consideration for the TAP and CMAQ programs, only one project per Application maybe submitted. All applications, including supporting documentation, must be submitted no later than October 21, 2016.

Optional Pre-Application Review Process

Sponsors may choose to participate in an optional Pre-Application Review Process with a NYSDOT Regional Local Program Liaison (RLPL). The RLPL will review your [TAP/CMAQ Pre-Application Review Worksheet](#) and schedule a meeting. The meeting will provide feedback on the Application and the proposed project.

The Pre-Application Review process facilitates discussion and understanding of the Federal Aid process, the proposed project, community interest or opposition, budget, right-of-way, proposed schedule, potential environmental and/or cultural resource impacts and significance, etc. This review is strongly encouraged to help you complete a successful application. [TAP/CMAQ Pre-Application Review Worksheet](#) requests are due no later than September 30, 2016.

Submitting the Application

Applications and all attachments must be submitted to NYSDOT (TAP-CMAQ@dot.ny.gov) by October 21, 2016 to be considered for funding. Include the following information in the subject line and name of any files and attachments to identify your project in the following format:

Program_NYSDOTRegion#_SponsorEntity_ShortProjectName

Program(s) to which you are applying: C = CMAQ; T = TAP; Both = CT

NYSDOT Region number can be found in the Guidebook, Appendix A.

Examples: C_5_CityBuffalo_RegArtMgmtSystem
 T_7_Cty_StLawrence_1000IslandsSwyPath
 CT_1_CountyAlbany_HelderbergTrail

Application Form Information and Instructions

The following section provides screenshots of the Application questions with detailed information about the screenshot to assist in completing the form. Form Questions are numbered in the “Tab” order. Form Question Names are underlined.

The Application:

PART A: INITIAL ELIGIBILITY ASSESSMENT

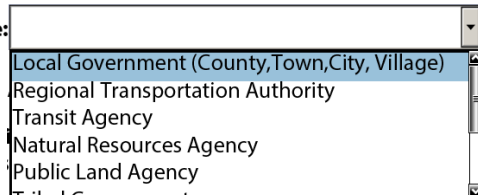
Sponsor Entity Name: Enter the Full Legal Organization Name of the Sponsor. See [2016 TAP-CMAQ Guidebook](#), Chapter 1 for more information regarding eligible Project Sponsors.

*SPONSOR Entity Name:



Sponsor Entity Type: Using the pull-down arrow and scroll bar, choose the organization type from the menu.

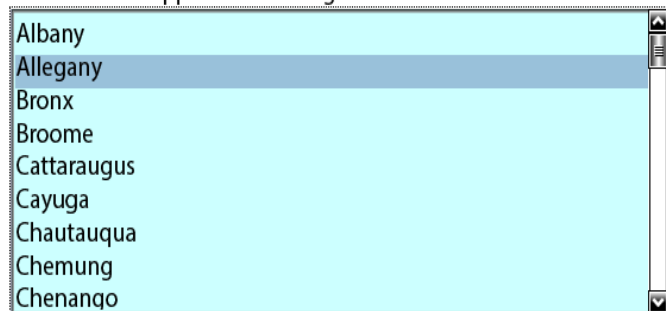
*Sponsor Type:



Selection of Sponsor Entity Type determines the subsequent fields available to in the Application. See Number 10 below.

Project County: All Counties are listed in this box. To navigate, click in the box and utilize the scroll bar. When you select a county, a note appears describing which funding source the county is eligible to receive. For projects spanning more than one county, contact the RLPL prior to completing the Application to ensure that your request for funding is coordinated appropriately.

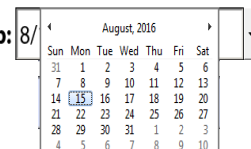
***Project County:** Select the project county. TAP funding is available statewide. CMAQ funding is only available in identified counties. Refer to the Guidebook and Instructions for the list of Counties and applicable funding sources.



County selection also determines the subsequent fields available to and/or required to be completed in the Application, including, but not limited to the Project Categories.

Date of Sponsor Workshop Attendance: Click in the box and use the pull down arrow to select the date the Sponsor attended the required 2016 TAP-CMAQ Solicitation Workshop from the drop-down calendar.

*Date Sponsor Attended Workshop:



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Pre-Review Check Box: Check this box if an optional Pre-Application Review Session occurred with an RLPL regarding this project. This data is being collected for future NYSDOT planning purposes and is not considered for scoring purposes.

☒ Check here if you have attended an Application Pre-Review Session in your regional area.

NYS Grants Gateway ID: Enter Sponsor's Grants Gateway ID. Organizations are assigned a NYS Grants Gateway ID (aka: document vault number) which is available on the Grants Gateway website.

***NYS GRANTS GATEWAY ID:**

SFS VENDOR ID: Enter Sponsor's SFS Vendor ID. Contact the RLPL responsible for the project location if you have not received an SFS Vendor ID. The Office of the State Comptroller's '[Vendors Doing Business with NYS](#)' web site has additional information on the Statewide Financial System (SFS).

***SFS VENDOR ID:**

Proposed Project Short Title: Enter a concise, unique and descriptive name which can be used to identify the project. Note the project limits if applicable, e.g. River Valley Bicycle Path: Route 99 to Main Street rather than Construction of a bicycle path; or Utopia Village Green Landscaping rather than Landscaping and Beautification.

*** Short Title of Proposed Project:**

Project Category Check the box that best represents the Project's Category. Although the project may fit into multiple categories for each funding program, it is strongly suggested to select only the category that best describes the primary purpose of your project. Review the Guidelines and Appendices for specific details to best select your category. Categories 7 and/or 8 require a selection from among Categories 1-6, since these eligibilities are secondary. ***If the project does not clearly fit into one of the first 13 categories and you plan to select category 14, "Other", contact the appropriate RLPL (See Appendix A) to discuss.***

The category is limited by the selection of Sponsor Entity Type (#2 above) and Project County (#3 above). Only categories for which your project is eligible based on the choices made in Numbers 2 and 3 above will appear.

Category selection determines what information you will be required to complete.

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* Select the category that best represents the scope of your project. (note; categories 7 and 8 will require an additional choice). Selection of a category is not a guarantee of funding under that category. Refer to the Program Guidebook for additional guidance on Category.

Project Categories	TAP Eligible	CMAQ Eligible
<input type="checkbox"/> 1. Construction , Planning, and Design of On-road and Off-road Facilities for Pedestrians, Bicyclists, and other non-motorized forms of transportation including Bike Lanes, Paths and Sidewalks	x	x
<input type="checkbox"/> 2. Construction Planning and Design of Infrastructure-related Projects to Provide Safe Routes for Non-Drivers to Access Daily Needs	x	
<input type="checkbox"/> 3. Conversion and Use of Abandoned Railroad Corridors for Trails for Pedestrians, Bicyclists and Other Non-motorized Transportation Users	x	x
<input type="checkbox"/> 4. Construction of Turnouts, Overlooks, and Viewing Areas	x	
<input type="checkbox"/> 5. Safe Routes to School	x	
<input type="checkbox"/> 6. Planning, Design and Construction of Boulevards	x	x
<input type="checkbox"/> 7. Community Improvement Activities, including Landscaping and Streetscape Improvements	x	
<input type="checkbox"/> 8. Environmental Storm Water Management Activities	x	
<input type="checkbox"/> 9. Travel Demand Management and Ride Sharing, includes Park and Ride, Ride Share, Car Share, Bike Share, Employee Transit Benefits, and Educational Outreach		x
<input type="checkbox"/> 10. Congestion Reduction and Traffic Flow Improvements, Includes Signalization, Freeway Management, and Intersection Improvements		x
<input type="checkbox"/> 11. Transit Improvements, includes Service Expansion and Amenities, Park and Rides, Employee Transit Benefits		x
<input type="checkbox"/> 12. Freight Intermodal Improvements, includes Intermodal Freight Facilities and Programs, Truck Stop Electrification, Heavy Vehicle Engine Replacements		x
<input type="checkbox"/> 13. Alternative Fuel and Clean Vehicle project, includes EV and CNG Fuel Stations, Extreme Temperature Cold Start Technology, Diesel Retrofits, Heavy Vehicle Engine Replacements, Dust Mitigation and Idle Reduction		x
14. Other (Please describe) <input type="text"/>	TBD	TBD

Funding Source(s) Selection: This field may be pre-populated based on previous selections. If the field is pre-populated, the selection is the one for which your project appears to be best qualified based on your previous entries. The field may be changed, however it is not recommended.

If the field is not pre-populated, use the pull-down arrow to select the funding source(s) for which you are applying (see the Project Category Chart above and the Program Guidebook for specific eligibility information).

*Based upon the County the Project is located in, and the Project Category(ies) selected above, select the funding source(s) for which you are applying:

Both TAP and CMAQ

TAP Only

CMAQ only

Both TAP and CMAQ

FOR TAP APPLICATIONS ONLY:

Community Support Attachment Check Box: Check the box to indicate that Documentation of Community Support for the Project is attached as Attachment A.

☐ ***Attach Documentation of Community Support for Project as Attachment A**

Relationship to Surface Transportation: For the funding category selected, describe the relationship between the TAP category chosen and Surface Transportation.

Provide a description of the relationship between the category chosen and TAP and Surface Transportation.

IF APPLYING FOR **TAP ONLY**, NOTE THAT THE REMAINDER OF THIS PAGE WILL BE BLANK BEYOND THIS POINT. PROCEED TO PART B TO CONTINUE WITH THE TAP APPLICATION. Applicants who are applying for both TAP and CMAQ must complete both the TAP and CMAQ portions of the Application.

FOR “TAP ONLY” APPLICATIONS: “Save Form” at the bottom of page 3 and continue to Part B: Project Information.

FOR “CMAQ ONLY” or “Both TAP and CMAQ” APPLICATIONS:

Based on the project type selected, different technical information/data is required for NYSDOT to estimate the emissions benefits. The data elements for each CMAQ project category requested are detailed below.

Note:

- When making assumptions, err on the side of conservative. Do not exaggerate the benefits of a project to inflate the cost/benefit ratio.
- The Sponsor is responsible for estimating the transportation impacts of the proposed project on vehicle volumes, speeds, engine technology, etc.
- For assistance with this portion of the Application, contact TAP-CMAQ@dot.ny.gov

All CMAQ Project Category selections require the Anticipated Benefits Chart (shown below) to be completed.

***FOR CMAQ CATEGORIES ONLY:** Complete the following sections, which correspond to above selected project category(ies).

Anticipated Benefits	Before	After
Number of Vehicles (daily)		
Fuel Type of Vehicles		
Miles per Day per Vehicle		
Service Operation Days per Year		
Average Speed		

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Number of Vehicles: Enter the number of vehicles affected by the project in the “Before” and “After” columns as indicated below. If you chose:

Categories 1 and 3: Enter the number of single occupant passenger vehicles. For example, if the project is expected to reduce 50 single occupant vehicles (SOV) on a road with an average annual daily volume of 40,000, the “Before” value is 40,000 and the “After” value is 39,950.

Categories 6 and/or 10: Enter the number of vehicles (usually every type of vehicle using the facility). For example, if the project will improve signal timing on a facility or corridor with 40,000 average annual daily volume, then enter 40,000 in the “Before” field and 40,000 in the “After” field, if there are no additional induced vehicles. If the project only affects peak period traffic, use the affected peak period volumes as the daily volume of traffic affected by the project.

Categories 9 and/or 11: Enter the number of passenger vehicles. If the project is expected reduce 50 single occupant vehicles (SOV) on a road with an average annual daily volume of 40,000, the “Before” value is 40,000 and the “After” value is 39,950.

Category 12: Enter the number of on-road freight vehicles. For example, if the project is expected to divert 100 on-road tractor-trailers to rail, the “Before” value is 100 and the “After” value is 0. If the project is claiming credit for reducing the vehicle miles traveled (VMT) from a portion of a given freight route, then enter an equal number of trucks in the “before” and “after” fields.

Category 13: Enter the number vehicles. For example, if the project is expected to result in the replacement of 100 diesel trucks with 100 CNG trucks, enter 100 in both the “Before” and “After” fields.

Fuel Type of Vehicles: For Categories 1, 3, 6, 9, 10, and 11: select N/A. This field may be pre-populated with N/A based on a previous choice.

For Categories 12, and/or 13: Enter the fuel type (gasoline, diesel, CNG, or electric) of the vehicles affected by the project in the “before”: and “after” condition.

Anticipated Benefits	Before	After
Number of vehicles (daily)	100	100
Fuel Type of Vehicles	<div>Diesel</div>	<div><div>Gas</div><div>Diesel</div><div>CNG</div><div>Electric</div><div>N/A</div><div>Select One</div></div>

Miles per Day per Vehicle: Enter the distances in the “Before” and “After” columns as indicated below. If you chose:

Categories 1, 3, and/or 11: Enter the daily round trip distance of the targeted single occupant vehicle fleet. This value should be the same in the “Before” and “After” column. The number of vehicles reduced (above) typically achieves the vehicle miles traveled reductions achieved through such projects.

Categories 6 and/or 10: Enter the distance of roadway or the targeted corridor (in miles). This value should be the same in the “Before” and “After” column.

Category 9: Enter the daily round trip distance of the targeted single occupant vehicle fleet. This value should be the same in the “Before” and “After” column. The number of vehicles reduced (above) typically achieves the vehicle miles traveled reductions achieved through such

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projects. However, if the project is also or alternatively claiming benefits for reduced commute distances, the miles per day per vehicle could be different in the “before” and “after” condition.

Category 12: Enter the daily trip distance of the targeted freight truck fleet. This value should be the same in the “Before” and “After” condition when the project effect is to remove truck volume from a given route. If the “last mile” is included or the project only reduces truck miles traveled on a portion of a larger targeted freight route, enter appropriate daily trip distances in the before and after fields. The value should represent a weighted average of the reduced VMT to for all vehicles directly affected by the project.

Category 13: Enter the daily trip distance of the targeted vehicles. This value should be the same in the “Before” and “After” condition. The value should represent a weighted average of the miles traveled for all vehicles directly affected by the project.

Service Operation Days per Year: For all Categories: Enter the number of days the project will have an effect. For example, weekday-workweek projects, travel, and/or services typically operate about 260 days per year. A project that targets all trip types or one with continuous service, including weekends, operates up to 365 days per year.

Average Speed: For all Categories: Enter the average speed of the targeted vehicle fleet. If you chose:

Categories 1 and/or 3: Enter the average speed of the targeted SOV fleet. This value should be equal in the “Before” and “After” scenario unless so many vehicles are being removed from the facility as a result of the project that the average operating speed of the affected facilities changes.

Categories 6 and/or 10: Enter the average speed of the targeted vehicle fleet. This value should be different in the “Before” and “After” scenario. The speeds chosen should be based on the output of a valid traffic demand model and/or be based on reasonable engineering judgment. Speeds based on the [Highway Capacity Manual \(HCM\)](#) are also acceptable.

Categories 9 and/or 11: Enter the average speed of the targeted SOV vehicle fleet. This value should be equal in the “Before” and “After” scenario unless so many vehicles are being removed from the facility as a result of the project that the average operating speed of the affected facilities changes.

Category 12: Enter the average speed of the targeted freight vehicles on the route of the diverted trip. This value should be equal in the “Before” and “After” scenario unless so many vehicles are being removed from the facility as a result of the project that the average operating speed of the affected facilities changes.

Category 13: Enter the in-service average speed of the targeted vehicles. This value should be equal in the “Before” and “After” scenario.

Type of Vehicle Chart

Type of Vehicle: For Categories 11, 12, and 13, enter the type of truck affected by the project in the “Before” and “After” field.

Type of Vehicle

Single Unit Long Haul
Single Unit Short Haul
Combination Long Haul
Combination Short Haul
Refuse Truck
Transit Bus
School Bus
Light Commercial Truck
Intercity Bus

Additional CMAQ Charts Based on Category Choices¹

Category 11: Transit Improvements

Emissions Offset for Additional Buses Chart (If Applicable)

Emissions Offset (If Applicable): If the proposed transit service involves additional bus miles of travel, account for the bus activity here. Enter the number of additional transit buses, the operating speed (in miles per hour) of those buses, the average daily distance each bus travels (in miles), and days per year of operation. If the improved service requires no additional bus vehicle miles traveled, offset data is not required.

For Additional Buses:

Transit	Bus Offset
Number of Additional Transit Buses	
Average Speed of Transit Vehicles	
Miles per Day per Transit Vehicle	
SOV Vehicle Induction, if applicable	

Category 12: Freight Intermodal Improvements

Idle Reduction Chart

Idle Reduction: If the project is primarily, or includes an idle reduction component (e.g. installation of auxiliary power units or truck stop electrification technologies), enter the number of hours per day of idle reduced per vehicle. Follow “**Type of Vehicle**” instructions below.

Hours of Idle Reduced per Vehicle per Day (if applicable)

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Type of Vehicle Chart

Type of Vehicle: Enter type of truck affected by the project in the “Before” and “After” field.

Type of Vehicle

Single Unit Long Haul
Single Unit Short Haul
Combination Long Haul
Combination Short Haul
Refuse Truck
Transit Bus
School Bus
Light Commercial Truck
Intercity Bus

¹ Note: If you select Category 14, “Other”, all fields will show. Contact your NYSDOT RLPL to determine what information, if any, is appropriate for your project.

Categories 12 and 13: Freight Intermodal Improvements and Alternative Fuels:**User Supplied Emission Factors (Alternate Method) Chart**

User Supplied Emission Factors: If the Sponsor is relying on vehicle manufacturer or other project-specific emission factors, enter the data in these fields. This may also be used for retrofit projects that achieve 90 percent reduction in pollutants (e.g. the “After” emission factor is the “Before” emission factor multiplied by 0.10). In these fields, whole numbers can be up to 4 numbers prior to the decimal (max. - thousands) and for fractional numbers there can be a maximum of 5 digits beyond the decimal point.

User Supplied Emission Factors (Alternate Method)	Before (grams/mile)	After (grams/mile)
VOC		
NO _x		
PM ₁₀		
PM _{2.5}		
CO		
CO ₂		

Categories 1 and 3: Pedestrian and Bicycle Facilities (Alternative Method to the “Anticipated Benefits – Before/After Chart”):**Bikeway Information (Alternative Method) Chart:****Segment Length of Associated**

Roadway: Enter the segment length of roadway associated with the bikeway.

Vehicular AADT on Associated

Roadway: Enter the average annual daily traffic volume on the roadway from which the SOVs are being diverted by the project.

Average Vehicular Speed on Associated Roadway:

Enter the average speed of the targeted SOV fleet on the targeted general use facility.

Bikeway Information (Alternate Method)

Segment Length of Associated Roadway	<input type="text"/>
Vehicular AADT on Associated Roadway	<input type="text"/>
Average Vehicular Speed on Associated Roadway	<input type="text"/>
Average Days per Year Used for Non-Recreational Travel	<input type="text"/>
% Short Trip	<input type="text"/>
Bicycle Diversion Factor	<input type="text"/>

Average Days per Year Used for Non-Recreational Travel: Enter the average number of days per year the bikeway will be used for non-recreational travel.

Percent Short Trip: Enter the percentage (in decimals) of trips less than five miles in length in the project area.

Bicycle Diversion Factor: Enter the proportion of trips (in decimals) or short trips that are anticipated to be diverted to bicycle mode after the project is complete. The factor should reflect the proportion of trips diverted from single occupant vehicles taking into account the environment of the proposed bikeway project (e.g., urban or rural, commercial versus residential area), trip type, and the density of population/land use.

END OF CMAQ SPECIFIC CHARTS.

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CMAQ Benefits Documentation: In the box provided, state all assumptions and calculations used to generate the provided data. Include references to the sources of data or models used to estimate the transportation benefits of the candidate project.

***FOR CMAQ CATEGORIES ONLY- BENEFITS DOCUMENTATION:** In the box below, describe the source and methodologies used to obtain the numbers reported in the Charts above. Box is limited to the visible space.



SAVE FORM

OPTIONAL: Click "**SAVE FORM**" to save a copy of the form.

FOR ALL APPLICATIONS

PART B: PROJECT INFORMATION

Short Project Description: Describe the project in two sentences. The first sentence should describe what will be constructed or implemented and the second sentence should describe beneficial project outcome(s). Space is limited to the visible area of the box.

***Short Project Description:** Provide a description of what will be constructed and/or implemented and the beneficial outcomes of the project. Space is limited to the visible area.

Project Location: Enter the municipality or municipalities within which the project is located (towns, cities, or villages).

***Project Location (Town, City or Village):**

Project Facility: Enter the facility, (state/county route number, street name, park name, trail, etc.) road(s), or area(s) to be improved using TAP/CMAQ funds. Enter the address on the facility, if available.

***Project Location (Town, City or Village):**

Facility Name (if applicable):

Facility Address (if applicable):

Project Limits: Provide the project begin and end locations that are the project limits utilizing Street names, intersections, mile markers, or exact GPS coordinates.

***Project Limits:** For linear projects, provide begin and end locations (Street Names, Mile Markers, etc.):

From:

To:

Project Coordinates: Utilizing actual latitudinal and longitudinal coordinates, enter the approximate midpoint location for the project. Latitudinal locations within NY State range between 40.400000 and 45.100000. Longitudinal locations within NY State range between -71.800000 and -79.800000.

Latitude:

Longitude:

Project Location Map Check Box: Attach a project location map as Attachment B. The map should cover enough area that someone unfamiliar with the area can locate the proposed project.

☐

***Please attach a Project map as Attachment B**

Project Benefits:

***Project Benefits:** Provide a detailed description of the project benefits. Space is limited to the visible area.

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Provide specific details, including anticipated measurable or quantifiable outcomes. To the maximum extent practical, quantify the anticipated number of users, or potential users. Indicate how this project is a productive use of public funds.

Benefits should include, as applicable:

- The problem being solved, alleviated or mitigated by the accomplishment of the project.
- Identify the population most likely to benefit from the project (e.g. school children for a safe routes to school project), and how the project will be of benefit to the surrounding community as a whole.
- Any beneficial project outcomes related to: an alternative to single occupancy vehicle travel; economic development; include aesthetic, incidental environmental improvements and/or safety aspects.
- Any project social benefits which demonstrate the proposed project as a worthy use of public funds, describing:
 - Connectivity.
 - Reduction of traffic congestion; traffic flow improvements; transit system improvements; resiliency to the existing transportation system; and/or creating additional healthier transportation option choices for users.
 - Estimate the number of vehicles that will be retrofitted with newer technologies, the anticipated effects to air quality, and describe the methodology for arriving at those quantities.
 - Describe how the project improves and/or increases efficiency and/or cost effectiveness regarding the transition of freight between modes and the last mile to destination.
- Emission benefits and congestion reductions from a qualitative perspective.

Access (describe any limitations), use (permitted and prohibited uses), and fees that maybe associated with access.

Anticipated Project Implementation Date:

This is the anticipated date construction or implementation of the project begins.

Anticipated Project Implementation Date:

M	M	2	0	Y	Y
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Anticipated Project Completion Date: This date will be the date you anticipate the project to be completed and closed out.

Anticipated Project Completion Date:

M	M	2	0	Y	Y
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Project Description:

***Detailed Description of Project:** Concisely describe the proposed project, indicating what will be designed and constructed; or developed and implemented; the issues or opportunities to be addressed; and expected outcomes and project deliverables. Space is limited to the visible area.

The following should be included in the project description:

- Clearly defined project scope based on your project estimate.
- A depiction of existing conditions and a detailed portrayal of the proposed improvements or activities, i.e., what the project will build or accomplish.
- Identify what will be constructed or implemented.
- Identify any coordination with other agencies that may be needed (railroads, utilities, regulatory agencies, etc.).
- The project's future maintenance and operation plan.
- Identification of the agency or agencies responsible for maintenance and operation of the facility after completion and describe the method(s) in which the facility will be maintained during its useful life.
- If the proposed project is part of a larger project, describe clearly the overall project.

OPTIONAL: Click the "**SAVE FORM**" button to save a copy of your Application.

SAVE FORM

Project Innovation:

***Describe Innovative/Creative Aspects of Project:** Identify any creative/innovative project aspects. Examples include use of new technology, unique project characteristics, use of cost effective solutions, unique partnerships, etc.

Describe any creative or innovative aspects of the project. This could include the use of a new technology, an innovative approach to project delivery, a unique partnership relationship, a creative use of resources, or any other unique project characteristic. This information will be used in scoring the project.

PART C: PROJECT ESTIMATE AND FUNDING SOURCES

Detailed Project Estimate Check Box: Check the box to indicate that Attachment C is included in the application to be considered with the project proposal.

☐ *A Detailed Project Estimate by Item is required as Attachment C

Use of Funds Table: Using the figures from your Detailed Project Estimate, identify the anticipated costs with specific amounts for each project phase: right-of-Way (ROW) activities, preliminary engineering, final design, construction, construction inspection, and project administration (if applicable and eligible). After filling in the funds, Total Project Cost will automatically populate.

Use of Funds	TOTAL
ROW	
Prelim. Design	
Final Design	
Construction	
Construction Insp	
Project Manager	
Other: Type in...	
TOTAL PROJECT COST	

Total Project Cost: This field will automatically populate based on "Use of Funds" Table.

Amount of Funds Requested: Enter the amount of funds requested. Note the minimum and maximum values.

Total Remainder to be Funded: This will automatically populate.

Enter the Amount of Local Match:

Federally funds are a maximum of 80 percent of the funds requested.

Sponsors must provide the 20 percent match. Check to make sure this has been achieved.

Amount of Other Funds Required: This is automatically populated. If all funds have been accounted for, this will be zero. If there are "Other Funds", describe these funds in the box directly below.

Describe the Source of "Other Funds": Describe all sources of "Other Funds" included in the estimate (e.g. land donation, in-kind donation, etc.). Other funds may qualify as the local match with approval from NYSDOT.

1. Total Project Cost:

2. Amount of Funds Requested:
Min \$250,000 , Max \$5 Million

3. Total Remainder to be Funded:

4. Enter the Amount of Local Match:
Minimum 20%

5. Amount of Other Funds Required:

6. Describe the source of "Other Funds"

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When estimating costs, be sure to:

- Ensure a certified professional in the appropriate field develops the cost estimate and include a breakdown of major work items and corresponding costs. A Professional Engineer is preferred. Identify source(s) used to prepare cost estimates, for example: [NYSDOT weighted item cost guide](#).
- If a recent survey for the proposed improvements is not available, include costs for a highway boundary, base mapping and digital terrain model (DTM) survey performed by a NYS Licensed Land Surveyor.
- Include adequate time and resources for the preparation of the design approval document, the required environmental review, final design plans and contract documents.² For questions regarding these items, refer to the Regional Local Program Liaison.
- Include the estimated cost of construction inspection, whether or not that function will be provided by a consultant.³
- Adjust cost estimates for inflation over the expected project timeline.
- Account for wage requirements associated with federal-aid construction projects.
- Specify an adequate contingency (e.g. 25 percent) as a percentage of the total project cost to cover potential cost overruns due to inflation in the cost of labor and materials or delays in the project schedule.

² Consultant design services can typically run up to 15-30 percent of the project's cost of construction.

³ Consultant costs for construction inspection can typically run up to 10-20 percent of the project's cost of construction; smaller jobs can be more.

PART D: PROJECT EVALUATION

Project Status: Select the phase which has been completed to date that best reflects the project's current status. If the proposed project has already progressed through some portion of the project development process, project documents must be added to this application as Attachment F.

*Please indicate the current status of the project:

Planning Stage
Preliminary Engineering
Final Design
Construction
Other

Right of Way Certification: Select the choice(s) that best describe(s) the project's property needs. **Your choices in this box may require additional fields for completion. If you choose "Lessee" or "Need to acquire property as part of the project", the following section will appear:**

***Right of Way Certification:** Select the choice(s) that best describe(s) the project's ROW needs. Use Control and Shift keys to select multiple descriptions if applicable.

Owner
Lessee
Need to acquire property as part of the project
No property needed

Lease/Contract ROW: If "Lessee" is selected, identify the host entity (e.g. owner of the property, the entity which holds the lease, etc.); the lease/contract term, in years (use the pull down arrow to select the date); the lease/contract expiration date; and any extension terms description.

Please identify the host entity:

Please provide the lease/contract term, in years:

Lease/Contract expiration date:

Describe any extension terms:

If you selected "Need to Acquire Property as a part of the project", the following is required:

Number of ROW acquisitions: Enter the anticipated number of ROW acquisitions.

How many ROW acquisitions do you anticipate?:

Potential Effects on Historical Sites: Enter the appropriate response. If unsure, questions may be directed to the Regional Local Program Liaison, who will contact the State Historic Preservation Office and/or the Tribal Historic Preservation Officer.

Yes
No
Maybe

Will the project have an effect on any district, site, building, structure or object that is listed, or may be eligible for listing on the National Register of Historic Places?

For all choices:

Additional ROW Requirements: Enter 'N/A' in this box if this does not apply. For all others, identify any other host/agency that may have an interest in the right of way (ROW) portion of the project (e.g. the railroad company which provided a lease

Describe any other ROW needs or requirements:

Appendix E: 2016 TAP/CMAQ Funding Application Instructions

agreement for a rail to trails project). Any property not owned or under Sponsor control requires the owner's permission to construct the project in writing; this includes NYSDOT for State Highways.

Any property needs for the project within the ROW of State Highways requires the completion and submission of a Highway Work Permit application.

Regarding matters related to property acquisition and control, a detailed description of how property needed for the project will be acquired or controlled (fee simple purchase, easement, use agreement, etc.), with what funds, and within what timeframe should be provided.

Status of Environmental Reviews:

Use the pull-down arrows to identify the current status of any environmental reviews pertaining to the proposed project as of the application due date, both at the State and Federal level.

***STATUS OF ENVIRONMENTAL REVIEWS:**

State Environmental Quality Review Act (SEQR):

Explain:

National Environmental Policy Act (NEPA):

Explain:

If the status is "Not Started", an "Explain" box is presented to provide details.

- Not Started
- In Process
- Environmental Determination
- Not Applicable

If an Environmental Determination has been made, enter the date of the determination by clicking in the date box and using the pull down calendar to select the date.

A choice of "Not Applicable" prompts an "Explain" box. Enter relevant information which explains the choice.

SEQR/NEPA Check Box: Check the box to indicate that the SEQR and/or NEPA information is attached as Attachment D, as applicable.

☐ Attach SEQR and/or NEPA information as Attachment D as applicable

Project Deliverables

Table: For each box, select the status that best represents that portion of the project. Input the Anticipated Completion Date. If the item has been completed, input that date.

*In the Chart below, select the status that best represents the project deliverable:

Project Deliverables:	Status	Anticipated Completion Date
Draft Design Report	<input type="text"/>	<input type="text"/>
Advanced Detail Plans (ADPs)	<input type="text"/>	<input type="text"/>
Plans, Specifications, and Estimates (PS&Es)	<input type="text"/>	<input type="text"/>
Bid Proposal Documents	<input type="text"/>	<input type="text"/>

Status

- Not Started
- Initiated
- Completed
- Not Applicable

Project Schedule Check Box: Check this box to indicate that the Project Schedule is added to this application as Attachment

☐ Attach Project Schedule as Attachment E

Appendix E: 2016 TAP/CMAQ Funding Application Instructions

E.

Supporting Documents (plans, drawings, survey, or other) Attached Check Box: Check this box to indicate supporting documentation is added to this application labeled as Attachment(s) F1, F2..., etc. as necessary.

☐ Attach supporting documents (plans, drawings, survey or other) as Attachment F necessary.

Any Other Relevant Documents Attached Check Box: Check this box to indicate that any other relevant supporting documentation is added to this application labeled as Attachment(s) G1..., G2..., etc. as necessary.

☐ Attach any other relevant documents. Label those Attachments alphabetically, beginning with Attachment G

PART E: CONTACT INFORMATION-SPONSOR

Sponsor Information: Enter Sponsor information. The Sponsor Entity Name will populate from your entry on page 1 of the Application.

* SPONSOR Entity Name:			
	*Address: 1		
Address 2:			
*City:		*State:	NY
		*Zip Code:	
*Phone #:		Fax Number:	
		*E-mail:	

Sponsor Contact Information: Provide Sponsor representative's contact information. Click on the pull-down arrow to select salutation. Enter the First and Last Name, and Title. The contact person should be employed by the Sponsor and knowledgeable about all project aspects.

SPONSOR CONTACT INFORMATION:

Salutation:		*First Name:		*Last Name:	
*Title:					

Sponsor Contact Information Check Box: Check the box if the Mailing Address, Phone Number, Fax Number, and Email Address for the Sponsor representative are the same as the information provided for the Sponsoring Organization. This action will cause the Address lines to disappear.

☐ Check here to use the same address information as entered above. If different, please complete the following:

Appendix E: 2016 TAP/CMAQ Funding Application Instructions

Sponsor Contact Information: If the Mailing Address, Phone Number, Fax Number, Fax Number, and Email Address for the Sponsor representative are different from the information provided for the Sponsoring Organization, enter this information in the boxes provided.

Address 1:	<input type="text"/>		
Address 2:	<input type="text"/>		
City:	<input type="text"/>	State: NY	Zip Code: <input type="text"/>
Phone #:	<input type="text"/>	Fax Number: <input type="text"/>	E-mail: <input type="text"/>

OPTIONAL-Click the “**SAVE FORM**” button to save the Application.

SAVE FORM

PART F: FINALIZE AND SUBMIT APPLICATION

ATTACHMENTS

To include (as applicable):

- A. Documentation of Community Support for Project
- B. Project Location Map
- C. Detailed Project Estimate
- D. SEQR or NEPA Information
- E. Project Schedule
- F. Supporting Documentation
- G. Other relevant documents and correspondence

Required attachments should be included with the e-mail transmittal of your application form.

Attached files should be of common business formats, such as pdf, doc, xls, etc.

Large optional attachments may be e-mailed separately and must be received prior to the application deadline. Be sure to include the Short Title of your application in the subject line, as detailed on page 2 of these instructions, and number separate e-mail submissions, e.g. 1 of 2, 2 of 2, etc.

Optional Additional Information Box: This box provides additional space in case additional information relevant to the project is necessary and/or warranted.

OPTIONAL: Please use this space to provide any additional information you would like to be considered. Space is limited to the visible area.

Appendix E: 2016 TAP/CMAQ Funding Application Instructions

Certification Check Box: Checking the Sponsor Certification box certifies that the Sponsor has read and understands the application instructions, program guidance, requirements, and conditions associated with the program for which federal reimbursement funds are being

***CERTIFICATION:**

By checking the box at right, I acknowledge that I have read the appropriate guidance for the program to which I am applying (TAP/CMAQ) and understand the application instructions, the program requirements and the terms and conditions associated with the reimbursement program.

*Sponsor ☐

Applicant ☐

applied.

Attestation:

***ATTESTATION:**

By entering my name in the digital signature space below, I certify that I am authorized on behalf of the Sponsor and its governing body to submit this application. I further certify that all of the information contained in this Application and in all statements, data and supporting documents which have been made or furnished for the purpose of receiving assistance for the project described in this application are true, correct and complete to the best of my knowledge and belief. I acknowledge that offering a written instrument knowing that the written instrument contains a false statement or false information, with the intent to defraud the State or any political subdivision, public authority, or public benefit corporation of the State, with the knowledge or belief that it will be filed with or recorded by the State or any political subdivision, public authority or public benefit corporation of the State, constitutes a crime under New York State Law.

By signing and submitting the application, the Sponsor agrees to the above attestation.

Sponsor Signature: The Sponsor digitally signs the Application.

The Sponsor will digitally sign the application. By entering the digital signature portion, the Sponsor's authorized representative submits the application on behalf of the Sponsor's governing body.

*Sponsor Signature:

A horizontal light blue rectangular box with a red vertical line on the left side, intended for a digital signature.

Review the Application for accuracy and completeness. Using the buttons, print and/or save a copy of the completed application.

Click to submit the application to NYSDOT by the deadline.

Save a Copy of this Application

Print Completed Application for Your
Records

Submit TAP/CMAQ APPLICATION to NYSDOT

(TAP-CMAQ@dot.ny.gov)

Application Form and supporting documents must be received by
October 21, 2016

Materials received after the application deadline will not be considered.